# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 11, 2002 8:00 am**
**Secretary of State**
03-11-2002 90044 040 ***150.00

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DOCUMENT # P00000085032

1. Entity Name
SIGMA TERRA, INC.

Principal Place of Business
1854 DESTINY BLVD
#108
KISSIMMEE FL 34741

Mailing Address
POST OFFICE BOX 421269
KISSIMMEE FL 34742-1269

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3667882 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MUNNS, RULON
250 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32802

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2002 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

| | |
|---|---|
| TITLE | P |
| NAME | J. THOMAS SUGGS |
| STREET ADDRESS | 1854 DESTINY BLVD, #108 |
| CITY-ST-ZIP | KISSIMMEE FL 34741 |

☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** J. Thomas Suggs J. Thomas Suggs 2/25/02 321-217-1941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)